NEW MEXICO SOCIETY OF RADIOLOGIC TECHNOLOGISTS
MEMBERSHIP APPLICATION AND OR RENEWAL

Complete the member information requested ((**please clearly print your name and address**) **IF YOUR INFORMATION HAS NOT CHANGED SINCE YOUR LAST RENEWAL COMPLETE ONLY THE NAME AND ADDRESS SECTION**), make check payable to NMSRT and mail your check and application to NMSRT 47 Yucca Lane, Placitas, NM 87043

Full Name____

Street Address____

City, State & Zip ____

Home Phone (   )______________ Work Phone (   )______________ E-Mail______________________

Present Employer ____

Employer Address ____

City State Zip ____

Identify Certifying Agency:

State of NM Certification: □ Radiography □ Radiation Therapy □ Nuclear Medicine □ Limited Practice

ARRT Certification: □ Radiography □ Radiation Therapy □ Nuclear Medicine □ Mammography □ Other____________

RDMS Certification: ______________________________

NMTCB Certification: ______________________________

Certificate #__________________ Certificate Renewal Date _____/_____/__________

Today's Date _____/_____/__________ Signature ______________________________

Current Practice (Check all that apply)

Radiography__________________
Radiation Therapy________________
Nuclear Medicine________________
Sonography_____________________
Cardiovascular/Interventional_______

Computed Tomography______
Magnetic Resonance_________
Dosimetry_________________
Mammography______________
Management________________

Military Health Care_____
Radiological Nursing_____
Indian Health Service_____
Education______________
Other_________________

Current Membership Fees (Check one)

Technologist □ $25.00; Three Year Membership □ $60.00; Corporate RT □ $25.00; Corporate Non RT □ $25.00

***Student □ $18.00**

*Students must be enrolled in a state or nationally certified program and submit evidence of the program certification with the application.

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Check # __________ Amount __________ Date Received __________ Expiration Date __________